

Case Number:	CM13-0040820		
Date Assigned:	12/20/2013	Date of Injury:	03/25/2011
Decision Date:	04/23/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 56-year-old with a date of injury of March 25, 2011. A progress report associated with the request for services, dated September 30, 2013, identified subjective complaints of low back pain radiating into the legs as well as pain in both knees. Objective findings included tenderness of the low back and both knees. Range-of-motion, motor and sensory function were not documented. Diagnoses included chondromalacia patella; lateral meniscus tear of both knees; cruciate ligament tear of the right knee; and lumbar spondylosis with sciatica. Treatment has included left knee arthroscopy in July of 2013 and an unspecified number of postoperative physical therapy visits. Home exercises are noted, but other modalities are not listed on the visit. The patient was returned to work with restrictions on kneeling and squatting and walking more than three minutes without a break. A Utilization Review determination was rendered on October 9, 2013 recommending non-certification of "follow-up visit with range of motion measurement and patient education; therapeutical procedures (electro acupuncture, manual acupuncture, myofascial release, electro-stimulation, etc.) for the left knee; an initial qualified functional capacity evaluation".

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

FOLLOW-UP VISIT WITH RANGE OF MOTION MEASUREMENT AND PATIENT EDUCATION: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Computerized Muscle Testing

Decision rationale: The Chronic Pain Medical Treatment Guidelines lists range-of-motion as a functional improvement measure. However, it does not require computerized testing and typically range-of-motion is determined on physical examination. The patient's range-of-motion was not documented at all during the encounter but was done so during physical therapy. Neither the MTUS nor Official Disability Guidelines (ODG) specifically addresses computerized measurements of range-of-motion. However, a similar test is addressed in the ODG related to computerized muscle testing. They note that the extremities have the advantage of comparison to the other side and therefore can be determined clinically. They suggest it would be an unneeded test. The request for a follow-up visit with range of motion measurement and patient education is not medically necessary or appropriate.

SIX SESSIONS OF THERAPEUTICAL PROCEDURES (ELECTRO-ACUPUNCTURE, MANUAL ACUPUNCTURE, MYOFACIAL RELEASE, ELECTRO-STIMULATION, INFRARED, CUPPING TO THE LEFT KNEE, DIATHERMY) FOR THE LEFT KNEE:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Electrical Stimulators (E-stim) Section Page(s): 45.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that acupuncture is used as an option when pain medication is reduced or not tolerated. It further states that acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range-of-motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The frequency and duration of acupuncture is listed as: i_{ζ} · Time to produce functional improvement: 3 to 6 treatments. i_{ζ} · Frequency: 1 to 3 times per week. i_{ζ} · Optimum duration: 1 to 2 months. In this case, the duration of acupuncture is not specified. Also, there is no mention of the role of pain medications (current or previous) in the management of this patient. Therefore, there is no documented medical necessity for additional acupuncture as requested. The Medical Treatment Utilization Schedule (MTUS) notes that there are multiple different types of electrical stimulation of varying degrees of efficacy. The request for six sessions of therapeutic procedures is not medically necessary or appropriate.

INITIAL QUALIFIED FUNCTIONAL CAPACITY EVALUATION (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 82, Chronic Pain Treatment Guidelines Work Conditioning Section, Work Hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation Section

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Guidelines state that a Functional Capacity Evaluation (FCE) may be necessary as part of a work hardening program where functional limitations preclude the ability to safely achieve current job demands that are at a medium to high level (not clerical/sedentary work). The Cornerstones of Disability Prevention and Management Chapter of the ACOEM Practice Guidelines states that a clinician should specify what a patient is currently able and unable to do. Often this can be ascertained from the history, from questions about activities, and then extrapolating based on other patients with similar conditions. If unable to do this, then under some circumstances, this can be done through an FCE. The Official Disability Guidelines state that an FCE should be considered if a patient has undergone prior unsuccessful return to work attempts. They do note that an FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. They also note that the patient should be close to maximum medical improvement. The patient was released to modified work on 09/30/13 and restrictions were defined based on clinical evaluation (no prolonged walking as well as kneeling or squatting). Therefore, functional capacity has been defined. There is no documentation of the need for a work-hardening program. Also, there are no documented failed return-to-work attempts. The request for an initial qualified FCE is not medically necessary or appropriate.